

Site Accreditation Report – Dakota Counseling Institute

Completed: April 16-18, 2019

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Outpatient Services

Clinically Managed Low-Intensity Residential Treatment Program (3.1)

Clinically Managed Residential Detoxification Program (3.2D)

Medically Monitored Intensive Treatment Program (3.7)

Mental Health (MH) Services

Outpatient Services

Child and Youth or Family Services (CYF)

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

Review Process: Dakota Counseling Institute was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 90.3%

Combined Client Chart Review Score: 95%

Cumulative Score: 94.7%

ADMINISTRATIVE REVIEW SUMMARY

Strengths: The agency provides a variety of mental health and substance use disorder treatment services. Staff report feeling supported by the leadership team as they encourage the staff to participate in professional development and self-care. The agency has built many partnerships with other entities and agencies in the communities served.

Recommendations:

1. The agency shall add contacting the Division prior to any of the following changes: change in agency director; reduction in services provided by the agency; and/or the impending closure of the agency, to determine whether any changes in accreditation status are necessary per ARSD
67:61:02:20 & 67:62:02:18
2. The agency has the correct Division address in their policy and procedures manual but needs to update the forms within the client charts to the correct address of the Division per ARSD
67:61:06:04 & 67:62:07:04.

Plan of Correction:

The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. Each agency shall report to the Division within 24 hours of any sentinel event including: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm or severe temporary harm and intervention required to sustain life. The agency has an incident report form, add contacting the Division within 24 hours to the agency's incident report form to comply with ARSD 67:61:02:21 and 67:62:02:19.
2. According to ARSD 67:61:05:01, a two-step Tuberculin skin test for new employees is required, with one-step occurring within 14 days of the date of hire and the second step within the first twelve months of employment. The personnel files reviewed were not in compliance with TB testing. The agency should develop a policy to ensure staff completes the TB test within 14 days of hire and the second step within the first twelve months of employment.
3. The agency had controlled medication in the medication area with the rest of the client medications. Per ARSD 67:61:08:02[4] controlled medications need to be double locked in a separate locked box or drawer in the medication storage area.
4. Each residential program shall maintain a separate log book to record the receipt and disposition of all schedule II drugs. The agency did not maintain a separate log book from the other medications. A residential program shall maintain client case records that include entries for receipt and administration of Schedule II, III, and IV drugs per ARSD 67:61:08:04.

CLIENT CHART REVIEW SUMMARY

Strengths: The staff are pro-active and supportive of the clients. The clients interviewed produced positive feedback and found the agency to be a supportive environment. The agency uses non-billable or no-show notes which helps tell the story in client charts. The charts are well organized and easy to read.

Recommendations:

1. In review of the SUD outpatient progress notes, two out of 20 charts reviewed were missing a weekly progress note to document counseling sessions with the client as required by ARSD 67:61:07:08.

In review of the MH outpatient progress notes, some requirements of ARSD 67:62:08:12 were not met. All progress notes were missing the time met and length of the sessions. Two out of the eight MH charts reviewed were missing a brief description of the client's functioning, and what the provider and client plan to work on during the next sessions, including work that may be occurring between sessions.

In addition, for both SUD and MH progress notes the plan for next week and the client's functioning at times appeared to be vague and not individualized to the client.

2. According to ARSD 67:61:17:08 the clinically-managed residential detoxification program shall provide a minimum of 90 minutes of programming daily through individual, group, and family counseling as outlined in ARSD 67:61:17:07(2)(a)(b)(c)(d)., Documentation that a video was given to a client to watch does not meet the counseling requirement.

Plan of Correction:

The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. In review of the SUD integrated assessments, 12 out of the 21 charts reviewed one or more of the below elements were missing. In review of the MH integrated assessments, 14 out of the 19 charts reviewed one or more of the below elements were missing. According to ARSD 67:61:07:05 and 67:62:08:05, SUD and MH integrated assessments shall contain the following:
 - Identification of readiness for change for problem areas, including motivation and supports for making such changes;
 - Relevant family history, including family relationships dynamics and family psychiatric and substance abuse history;
 - Past or current indications of trauma or domestic violence or both if applicable;
 - Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;

The agency should ensure all the above required elements are addressed when assessments are completed even when one or more topic is not applicable to a client, so it is evident the elements were discussed. In addition, all integrated assessments need to be completed within 30 days of first meeting with the client. In review of the MH charts, four charts were not completed within 30 days.

2. In review of the mental health charts, 11 out of 17 treatment plans were missing one or more of the required elements per ARSD 67:62:08:07. The following required elements were missing from the treatment plans:
 - Mental health staff signature, credentials, and date are documented;
 - The plan is completed within 30 days of intake
 - Evidence of the client's meaningful involvement in formulating the plan must also be documented in the file.

3. In review of the mental health charts, six out of 17 treatment plan reviews were missing one or more of the required elements per ARSD 67:62:08:08. Treatment plan reviews need to contain the following elements:
 - Treatment Plan is reviewed at a minimum of six-month intervals;
 - Treatment Plan Review contains a written review of any progress made or significant changes to goals or objectives (Reviews can be documented in progress notes and changes to goals or objectives must be documented on the Treatment Plan);
 - Justification for continued need for mental health services is documented;
 - Staff signature, credentials, and date of review are documented.
4. According to ARSD 67:62:08:09, clinical supervisors shall conduct one treatment plan review at least annually. In review of the mental health charts, three out of the 13 charts reviewed did not have a supervisor review completed annually. The agency should ensure the supervisory reviews are completed annually by clinical supervisors on all mental health charts.
5. In review of the SUD charts, four of the 16 charts reviewed were missing one or more of the required elements for a transfer or discharge summary. In review of the MH charts, all charts reviewed were missing one or more of the required elements for a transfer or discharge summary. A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days according to ARSD 67:61:07:10 and 67:62:08:14. In review of the charts one or more of the following elements were missing:
 - A transfer or discharge summary completed within five working days;
 - A transfer or discharge summary on the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client case record;
 - If client prematurely discharges from services, reasonable attempts are made and documented to re-engage client into services.